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**Background**

Resilience is "the acquired ability to recover, adapt, and grow from stress" (Wu et. al., 2013).

**Why this matters?**

Healthcare workers are exposed to death and suffering while managing critical situations and multiple priorities. These obstacles have a psychological impact, however caregivers are not often trained in or given the tools needed to build resilience in the face of these challenges.

- Burnout, moral injury, substance use, and suicide increased since the pandemic started (WSHA, 2020).

**Individual vs. Team Resilience**

While strategies for enhancing resilience of individuals are prevalent, caregivers are still experiencing emotional distress. Since care is delivered in a team setting, we look to team resilience as a strategy to help caregivers thrive despite the challenging circumstances.

The Washington State Healthcare Association (WSHA) (2020) and the American Association of Critical Care Nurses (AACN) (2017) published work on building team resilience. While they offer insight, no valid and reliable tool currently exist to measure this concept.

**We describe Team Resilience as "homeostasis among the healthcare team while experiencing continuous change" (Benson et. al., 2019)**

The ultimate goal of this research is to understand how to measure team resilience and how the team can build and maintain team resilience while facing multiple changes or changes in the department.

**Purpose**

To develop and pilot test a tool to measure team resilience among caregivers delivering direct patient care in an acute care hospital in the Pacific Northwest.

**Methods**

The tool consists of five domains.

- **Maintenance**: planned, scheduled cycles of process improvement.
- **Community**: spirit of collaboration and engagement.
- **Atmosphere**: department culture and behaviors.
- **Structure**: shared views of workflow, expectations, roles and accountability.
- **Foundation**: behaviors and attitudes underpin the unit.

Each domain has six questions that are on a Likert scale ranging from 1 (Never) to 5 (Always). Aggregated raw scores are totaled for each domain and averaged (possible range: 6-30). Higher scores indicate greater team resilience.

**Discussion**

To design their team’s resilience caregivers used the Team Resilience Assessment to analyze, brainstorm, develop interventions and improve department specific goals during the pandemic.

The first interventions were focused on building their Foundation and Structure, while at the same time committing to meet quarterly to re-assess (Maintenance). After scores improved in these domains, then their interventions focused on building the Atmosphere and Community.

This team was engaged, had leadership and organizational support which encouraged their participation. They felt like this tool allowed for timely feedback to measure if they were building in the right direction.

Informal assessments of caregivers who completed our questionnaire revealed that they felt it provided them with a structure to work together as a team to address departmental concerns and that using it helped them achieve their goals.

**To prepare for future changes, healthcare can provide a safety net for their teams by building a structure in which the impacts of this field are anticipated, identified early and mitigated by the team.**

**Implications**

- Team Resilience may improve emotional well-being among caregivers.

With rapid changes in healthcare, new theories and processes for assessing and supporting resilience among caregivers delivering direct patient care in a team setting are necessary to increase the ability to fight burnout, moral injury, and associated negative behaviors, and outcomes such as sick days, caregiver injury, turnover and events of preventable patient harm. Structured, validated tools such as the one developed by our project team may help measure and improve team resilience over time. In addition, improve employee engagement and patient satisfaction scores.

Next steps include administration of the tool among nurses across multiple specialties in the hospital to increase the sample size for validity and reliability testing. Additionally, this tool should be implemented in other settings and demographic areas for applicability and utilization. Such studies are currently underway.

**References**


